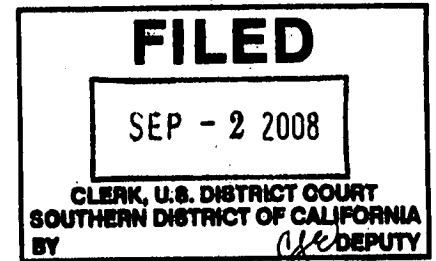


Plaintiff's Name: Hutton F. Miller  
 CDC No: P59402  
 Address: P.O. Box 3471 3C05-115  
Corcoran, CA. 93212



UNITED STATES DISTRICT COURT  
~~EASTERN~~ DISTRICT OF CALIFORNIA  
 SOUTHERN

Hutton F. Miller Plaintiff,  
 vs.  
Derral Adams Defendant(s).

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER

CASE NUMBER:

3:08 C.V. 1093 - BEN (POR)

I, Hutton F. Miller, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "no" DO NOT USE THIS FORM)

If "yes" state the place of your incarceration. Corcoran State Prison

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed (includes prison employment)? ☐ Yes ☒ No

a. If the answer is "yes" state the amount of your pay. NONE

b. If the answer is "no" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

MARCH 10, 1999 - Premium Pool Service

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment: ☐ Yes ☒ No

b. Rent payments, interest or dividends: ☐ Yes ☒ No

c. Pensions, annuities or life insurance payments: ☐ Yes ☒ No

d. Disability or workers compensation payments: ☐ Yes ☒ No

CR

- e.. Gifts or inheritances: ☐ Yes ☒ No
- f. Any other sources: ☐ Yes ☒ No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received **and** what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of checking or savings accounts)? ☐ Yes ☒ No

If "yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: \_\_\_\_\_

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

June 17<sup>th</sup> 2008  
DATE

*Matthew M. Miller*  
SIGNATURE OF APPLICANT

### CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 246.44 on account to his/her credit at CSP-Corcoran (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 267.01. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 29.17.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

8/14/08  
DATE

*W. Gears AC II*  
SIGNATURE OF AUTHORIZED OFFICER

REPORT ID: TS3030 .701

REPORT DATE: 08/14/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 CALIF. STATE PRISON CORCORAN  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU AUG. 14, 2008

ACCOUNT NUMBER : P59402                      BED/CELL NUMBER: 3C0500000000237U  
 ACCOUNT NAME : MILLER, HUTTON FRANK              ACCOUNT TYPE: I  
 PRIVILEGE GROUP: B

## TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	02/01/2008		BEGINNING BALANCE					263.12
02/08	FC04	DRAW-FAC 4	2887/3C1DR				25.00	238.12
02/22	D300	CASH DEPOSIT	3049/18130			20.00		258.12
03/04	D300	CASH DEPOSIT	3186/18173			75.00		333.12
03/07	FC04	DRAW-FAC 4	3270/3C1DR				30.00	303.12
03/11	D300	CASH DEPOSIT	3342/18194			20.00		323.12
04/07	FC04	DRAW-FAC 4	3756/3CDR1				70.00	253.12
04/18	D300	CASH DEPOSIT	3993/18545			20.00		273.12
05/07	FC04	DRAW-FAC 4	4277 3C1ST				15.00	258.12
05/16	D300	CASH DEPOSIT	4457/18652			20.00		278.12
05/20	W536	COPAY CHARGE	4487 05 15				5.00	273.12
05/20	W536	COPAY CHARGE	4487 05 15				5.00	268.12
06/06	FC04	DRAW-FAC 4	4773/1DR3C				20.00	248.12
06/10	D300	CASH DEPOSIT	4836/18734			20.00		268.12
06/19	W512	LEGAL POSTAGE	4977 06 18				1.68	266.44
08/07	FC04	DRAW-FAC 4	0606/3C1DR				20.00	246.44

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
263.12	175.00	191.68	246.44	0.00	0.00

CURRENT  
 AVAILABLE  
 BALANCE

246.44



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE  
 ATTEST: 08/14/2008  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 BY JO. Lewis ACIF  
 TRUST OFFICE